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CONFIRMATION NO. 1128

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
|---|---|-------------------------------|---|---------------------------|--------------------------------|
| 10/534,280 | 05/06/2005 RULE | 424 | 1611 | H50-002-02-US | |
| APPLICANTS Rachel S Herz, Warwick, RI; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US03/35356 11/06/2003 which claims benefit of 60/424,525 11/06/2002 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged /KEVIN S ORWIG/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY RI | SHEETS DRAWINGS 1 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 2 |
| ADDRESS MOORE & HANSEN, PLLP 225 SOUTH SIXTH ST MINNEAPOLIS, MN 55402 UNITED STATES | | | | | |
| TITLE System for increasing compliance with medication regime | | | | | |
| FILING FEE RECEIVED 525 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |